

FEE TRANSMITTAL for FY 2007

FEE TRANSMITTAL for FY 2007		<i>Complete if Known</i>												
<table border="1"> <tr> <td>Application Number</td> <td>10/809,312</td> </tr> <tr> <td>Filing Date</td> <td>03/24/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Greene, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>KELLY, ROBERT M</td> </tr> <tr> <td>Art Unit</td> <td>1633</td> </tr> <tr> <td>Attorney Docket No.</td> <td>070050.2897</td> </tr> </table>			Application Number	10/809,312	Filing Date	03/24/2004	First Named Inventor	Greene, et al.	Examiner Name	KELLY, ROBERT M	Art Unit	1633	Attorney Docket No.	070050.2897
Application Number	10/809,312													
Filing Date	03/24/2004													
First Named Inventor	Greene, et al.													
Examiner Name	KELLY, ROBERT M													
Art Unit	1633													
Attorney Docket No.	070050.2897													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27														
TOTAL AMOUNT OF PAYMENT	(\$) 585													

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None					
<input checked="" type="checkbox"/> Deposit Account: <table border="1"> <tr> <td>Deposit Account Number</td> <td>02-4377</td> </tr> <tr> <td colspan="2">Baker Botts L.L.P.</td> </tr> </table>						Deposit Account Number	02-4377	Baker Botts L.L.P.	
Deposit Account Number	02-4377								
Baker Botts L.L.P.									
The Director is authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)									
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
Extra Claim Fees									
Total Claims	Extra Claims	Fee	Fee Paid						
	<input type="text"/>	x <input type="text" value="26"/>	= <input type="text" value="\$0"/>						
Independent Claims	<input type="text"/>	x <input type="text" value="110"/>	= <input type="text" value="\$0"/>						
Multiple Dependent	<input type="text"/>	= <input type="text" value="\$0"/>							
	SUBTOTAL	<input type="text" value="\$0"/>							
Fee Description	Large Entity	Small Entity							
Claims in excess of 20	<input type="text" value="52"/>	<input type="text" value="26"/>		\$405					
Independent claims in excess of 3	<input type="text" value="220"/>	<input type="text" value="110"/>							
Multiple dependent claim, if not paid	<input type="text" value="390"/>	<input type="text" value="195"/>		\$180					
Other fee - <small>Second extension (1st month paid)</small>									
				SUBTOTAL (\$)					
				585					
ADDITIONAL FEES									
<input type="checkbox"/> Surcharge - late oath or filing fee									
<input type="checkbox"/> Non-English Specification									
<input type="checkbox"/> Extension for reply within first month									
<input type="checkbox"/> Extension for reply within second month									
<input type="checkbox"/> Extension for reply within third month									
<input type="checkbox"/> Extension for reply within fourth month									
<input type="checkbox"/> Extension for reply within fifth month									
<input type="checkbox"/> Notice of Appeal									
<input type="checkbox"/> Filing a brief in support of an appeal									
<input type="checkbox"/> Petition to revive - unavoidable									
<input type="checkbox"/> Petition to revive - unintentional									
<input type="checkbox"/> Utility Issue Fee									
<input type="checkbox"/> Design Issue Fee									
<input type="checkbox"/> Publication Fee									
<input type="checkbox"/> Petitions to the Commissioner									
<input checked="" type="checkbox"/> Request for Continued Examination (RCE) \$405									
<input type="checkbox"/> Information Disclosure Statement (IDS)									

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Steven P. Lendaris	Registration No. (Attorney/Agent)	53,202	Telephone 212-408-2500
Signature			Date	04/20/2009

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.